



NORTH AND EAST

London Cancer Urology Pathway Board

Date: **13/10/2016**

Venue: **Boardroom, UCLH @Westmoreland street, London, W1G 8PH**

Chair: **John Hines, Pathway Director**

1. Welcome, Apologies and minutes of last meeting

- Last meetings minutes agreed by board.
- Action log review – board is still open to any new ED project ideas from across the network. Bladder guidelines have been drafted and should be finalised within the next two weeks.
- Agreed by board that suspected penile cancer should be sent to UCLH pre-biopsy to avoid unnecessary delays in pathway.
- Brachytherapy centre within the network still needs to be decided. Barts Health, BHRUT and North Middlesex do not want to be the centre. MA suggests PAH could potentially become the brachytherapy centre and JH would put this to the sub group. MA to put proposal forward to PAH board. CM queried need for physicist to be available; MA stated PAH could arrange this.

ACTION: MA to propose opening brachytherapy centre to the PAH board.

JH to put proposal forward to the brachytherapy sub-group.

Bladder guidelines to be finalised and sent out.

2. Guidelines

Bladder

- MF not at meeting to present guidelines, currently draft form which will be finalised within the next 2 weeks and to be signed off at next pathway board meeting.
- CM highlighted that GPs need more information about cystoscopy surveillance.
- **MA to catch up with MF regarding CTIVU and the maintenance programmes for non-invasive bladder cancer due to the shortage of BCG.**
- **MA – we need a list of the up to date trials happening in the network – this to be published at pathway board meetings going forward.**
- NC suggested notations of differences between local guidelines when they differ from the national and international guidelines. Also noted there was a difference between EAU, North American and NICE guidelines.
- JH states that the timed pathways need to be revised from day 62 to 50 and that referrals to external trusts need to be made by day 38. JH and AK agreed that timed pathway should aim to have TURBT by day 38 so that patients can start neo-adjuvant chemotherapy sooner. LB states that pathology has capacity problems with shortened pathways.

ACTION: MA to catch up with MF regarding CTIVU and the maintenance programmes for non-invasive bladder cancer due to the shortage of BCG

Up to date list of trails to be available at each pathway board meeting.

Renal

- **Renal guidelines need to be re reviewed in 2016 - to ask MA to send JG to chase up to date guidelines**
- **Guidelines for Upper tract TCC – JG to ask MA for these as well.**

**ACTION: Renal guidelines to be re reviewed in 2016 – JG to speak to MA to chase.
JG to chase Upper Tract TCC guidelines from MA.**

Penile

- AM presented Penile guidelines. Guidelines are generic for every penile cancer.
- Audit was done to show biopsy at local pathway delays overall patient pathway by 2 weeks and guidelines now state that patients should be referred to UCLH before biopsy. AM stated this is happening however referrals from NEL and PAH are usually post biopsy.
- Agreed that all penile referrals should continue to be sent to the UCLH drop box email which is reviewed every day.
- AK agreed that patients should be referred before biopsy and would circulate this to the team at BHRUT.
- MA queried how we would capture these patients if they do not go through an MDT, AM stated the use of photographs which can be an accurate indication of suspected cancer before biopsy.
- It was noted that PeiN should go through the MDT as well as suspected CIS.
- CM asked what proportion of suspected penile cancers came on a 2ww referral. AM suggested local CCGs referred regularly on 2ww however even if not on a target pathway all suspected cancer patients will be seen within 2 weeks.
- CM and MA queried if GPs should be referring directly to UCLH? AM stated UCLH would be happy for this to happen and have the capacity to accommodate.
- Penile patients do not regularly breach the 62 day target.
- **Penile timed pathway needs to be updated to day 50 – AM to do and circulate**

ACTION: Penile timed pathway to be updated to day 50 -AM to revise and circulate

Testicular

- **Testicular guidelines need to be updated by 2 weeks to 2016.**

ACTION: Testicular Guidelines to be re revised for 2016 and circulated – JG to chase JS.

Prostate

- JH – 2016 version of guidelines have not been circulated yet as JH meeting with RM partners to create London wide guidelines – due to meet with RM partners next week.
- JH – new policy is that UCLH would see post-surgical patients twice before referring back to local trust. MA suggested that numerous trips to UCLH may put patients who live far away off coming for surgery.
- PAH and BHRUT confirmed ED clinics that can deal with male incontinence. JS – had meeting with 18 patients and a CNS from BHRUT came to talk to them – patients happy with the incontinence clinic at BHRUT.
- AK stated the need for a fixed protocol for incontinence and it was agreed that trusts that cannot provide the service can send to UCLH.
- **To speak to David Ralph to review guidelines for incontinence.**
- SMDT clinics – JH and AK to catch up about the BHRUT SMDT clinic outside of the meeting. UCLH SMDT clinic has an issue with gaining clinical oncology's support. MA assumed that patients seen in the SMDT clinic had always seen a surgeon and oncologist – however this has not been happening.
- NHSE are putting pressure on UCLH to offer SMDT clinic and there is a meeting on 17/10/2016 regarding this.
- MA – diagnostic pathways across the network has to be standardised. JH – MRI sub group has been asked to meet to discuss and give explicit details on how we can make this happen. AK asked if there was a consensus that all 2ww patients should get and MRI, JH – MRI sub group will answer this.
- MA – MRI sub group has to stipulate whether patients should be getting a contrast MRI, should they be having a trans perennial biopsy and if they are having a TRUS biopsy how do we allocate patient for this?
- Agreed that MRI has to be of high quality to lower the biopsy numbers. MA stated that the focal clinics at UCLH usually need to re do the MRI for external referrals, this prolongs patient pathway.
- **JH – timed pathway needs to be updated to day 50 with referrals sent by day 38.**

ACTION: JH to speak to DR regarding incontinence guidelines.

Prostate guidelines to be re reviewed in 2016 and circulated

Timed pathway to be updated to day 50.

3. Stratified Follow up

Discussion points:

- SC – Stratified pathway document was published in February 2016. In past 8 months SC and JH have visited each trust to push the implementation of this. UCLH began stratification pilot for patients who have Radiotherapy and are now extending to patients on active surveillance and patients who have had focal therapy. Whittington have been working hard over the past year to update IT systems and putting the correct processes in place to implement stratified pathways across all three tumour sites in the next year. NCL cancer board have made the decision that they will be from April 2017 commissioning stratified follow up in primary care. They have stated they would appreciate a named clinician in each trust that GPs can be in contact with via email. JH and SC in process of setting up a meeting with the clinical lead at NCL. SC will be circulating data on patient numbers from each trust who receive these interventions to each board member.
- MA queried the treatment summary sheet which is quite detailed and will put pressure on clinicians in clinic to fill out. SC – a lot of this information can be pulled from infoflex/somerset.

4. Next Meeting

8/12/2016

ACTION LOG

Action	Owner	Date Due	Status
PB members to send any ideas on Early Diagnosis & how to raise awareness to JH	ALL	12 Jun 2014	ongoing
Guidelines: Bladder	MRF	August 31st	In progress
Bladder Sub group established	MRF	ASAP	In progress
Penile Cancer – Referral process – straight to bx clinic at UCLH	AM/HB	ASAP	In progress
Low Dose Brachy Centre	JH	Dec 8 th	In Progress
Sign off of all guidelines	ALL	Dec 8th	In progress
Up to date trial information for next pathway board meeting	JG	Dec 8th	In Progress
Timed pathways to be updated to day 50	JH	Dec 8th	In Progress

Attendees

Name	Trust/Organisation
John Hines	<i>Pathway Board Director</i>
Kate Farrow	<i>London Cancer</i>
Jacob Goodman	<i>London Cancer</i>
Neil Cameron	<i>Patient Representative</i>
Christine Moss	<i>WE CCG</i>
Michael Yare	<i>NELCSU</i>
Jeevan Kumaradevan	<i>Whittington</i>
Sharon Cavanagh	<i>London Cancer</i>
Veronica Brinton	<i>Patient Representative</i>
Hilary Baker	<i>UCLH</i>
Luis Beltran	<i>Barts Health</i>
Jane Smith	<i>Patient Representative</i>
Manit Arya	<i>PAH</i>
Anand Kelkar	<i>BHRUT</i>
Thomas Powles	<i>Barts Health</i>
Asif Muneer	<i>UCLH</i>

Apologies

Name	Trust/Organisation
Sandeep Gujral	BHRUT
Michael Aitchison	Royal Free
Victoria Wood	UCL
Cecilia Vindrola	UCL
Frank Chinegwundoh	Barts Health
John Sandell	Patient Representative.